LA ETHICS AND LAMPAIGN DISCLOSURE OF

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

Fite with: lowe Ethics and Campaign Disclosure Board 510 E. 12", Sts. 1A Dec Moines, Iows 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

electronically.

Effective May 1, 2010, all statements and reports for State PACs and State
Parties must be filed electronically.

2010 JAN -8 PM 12: 59

	Distriction of	91.15.11			
COMMITTEE NAME (Must be same as on Statement of O	genization)				
Osler for Sheriff Committee			FORM		
IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Retention Candidate	/ 2 Chair DAD / D Chair Co. I		DR-2 (Rev. 12/2009)	DISCLOSURE REPORT	
(4) County Central Committee (5) County Candidate (6) City Cal Subdivision Candidate (8) County PAC (9) City PAC (10) Scho 11) Local Ballot issue	Adidata / 7 Sahaai Baasi se Olber Britis	c (	For Office Use Only   \$200		
CANDIDATE COMMITTEES ONLY:			Logged in		
Candidate Name Mike Osier	Political Party (if applicable) Independent		Scenned		
Office Sought Sheriff	District (if Senate or House)		Audited		
ate reports are subject to possible civil and criminal penalties. Fi candidate's committee, and the chairperson, for any other type of	rursuant to lowe Code sections 65B.32. f committee, is the individual responsib	A(7) and 5 le for filing	8A.401(3), the car timely and accura	ndidate, for a te reports.	
Lad A M'Collect	(712) 525-920	,	1-7-	2010	
SIGNATURE OF PERSON FILING REPORT	(7/2) 525-920 TELEPHONE	_	DATE S	GNED	
AM FILING A January 19, 2010	REPORT FOR (1) ELECTION	i /(2)NON	I-ELECTION YEA	AR.	
(report date)	Indicate by				
CHECK IF AMENDMENT TO REPORT DATED		Local Co	mmittees, anter Dat	e of Election	
☐ Check if this is final (termination) report and attach Notics (You must continue to file reports until a DR-3 is file	of Dissolution Form DR-3.	County &	Local Committees,		
·	,	Miu			
STATEMENT OF CASH ON HAR	10				
CASH ON HAND at the beginning of the reporting period. (1					
committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	cesh on hand at the end	\$	1,371.52		
ADD TOTAL MONEY TAKEN IN THIS PERIOD					
Schedule A: Cash Contributions total (Attach Sche	dule A) ("siec see in-kind below)		90.18		
Schedule F: Loans Received total (Attach Schedul	• F)	*****	0.00		
Schedule H: Total Sales of Campaign Property (At	tach Schedule H)		0.00		
(Schedula H applies to Candidates) Con	mittees Only)				
	8UB-TOTAL	<b>*</b>	1,461.70		
SUBTRACT TOTAL MONEY SPENT THIS PERIO			- 44		
Schedule B: Expenditures total (Attach Schedule E	•		0.00		
Schedule F: Loan Repayments total (Attach Sched			1,000.00		
ASH ON HAND at the end of this reporting period (if fine) re	port balance must be zero)	\$	461.70		
"UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	0.00		
IN KIND CONTRIBUTIONS (From Schedule E - Attach Sch	edule E)	\$	0.00		
'OUTSTANDING LOANS (From Schedule F - Attach Sched CONSULTANT BREAKDOWN (Schedule G Attached?)	ule F),,,,,,	\$	0.00 YES	10	
ANDIDATE COMMITTEES ONLY:					
ALUE OF CAMPAIGN PROPERTY (From Schedule H - At	ach Schedule H)	\$	0.00		
TATE COMMITTEES: Submit a reconciled campaign acco	unt bank statement in January of eac	h year.			

## For instructions, See Back of Form

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SCHEDULE

MONETARY

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be seme as on Statement of Organization)	· · · · · · · · · · · · · · · · · · ·	ECK THIS BOX IF ENDING FORM
Osler for Sheriff Committee		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 88B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

4/15/09	ID# CK# ID#	Post Office (Refund for returned postage)			INCOME
4/15/09		1 car (trained (resulted to returned postage)			
	ID#	1		\$90.18	L
	CK#				
	ID#				
	CK#				
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	ID#				
	CK#				
			SUB-TOTAL		
		TOTAL (If lest nea	e of this schedule)	\$ 90.18	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriaga). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

- IOI SHEFT	ff Committee		j	(Rev. 02/06)	RECE 4 REP
TE: This sche	dule reports money loaned to the committee which is deposited	in the committee	account.	CHECK 1	THIS BO
	DANS FROM LAST REPORTING PERIOD \$ 1000.00				
(Origina	ARY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD I source of loan, such as a bank, must be shown if a third party	r la involved. Inclu	ide loens from candid	iele's personal fi	unds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RE	LATIONSHIP TO DATE (If Applicable*)	AMOUNTO	FLOAN
				6	
1					
<del>-</del>					
	1			1	
TII - MONE	TARY LOAN REPAYMENTS MADE THIS REPORTING PERI	TOTAL	PART IJ	s	
	TARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIFORMING PERIFORMING PERIFORMING THE PROPERTY OF	•	PART U	<b>s</b>	
TII - MONE (Loune DATE PAID MM/DD/YR)	TARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIFORM MUST be reported on Schedule E — In-kind Contribution  NAME AND ADDRESS OF LENDER  (Include Endorser's Name, if Applicable)	OD ns.)	ATIONSHIP TO	I AMOUNT D	<b>EPAID</b>
DATE PAID	NAME AND ADDRESS OF LENDER	OD ns.)	ATIONSHIP TO ATE* (If Applicable)	I AMOUNT D	
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DATE PAID	NAME AND ADDRESS OF LENDER (include Endorser's Name, if Applicable)  Mike Osler 29325 Dobney Avenue Silver City, IA 51571	SE CANDIC	ATIONSHIP TO ATE* (If Applicable)	3 1000.	